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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| UTILITY PATENT APPLICATION TRANSMITTAL | | Attorney Docket No. 00-197 | |
|--|-----------------------------|---|---|
| (Only for new nonprovisional applications under 37 C.F.R. 1.53(b)) | | First Inventor | Tian |
| | | Title | VARIABLE CONTROL ORIFICE MEMBER AND FUEL INJECTOR USING SAME |
| | | Express Mail Label No. | EV 189950381 US |
| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> | | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | |
| <div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 30] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</div> <div>5. Oath or Declaration [Total Pages 7]<div style="margin-left: 20px;"><div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i></div><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div></div></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div> | | <div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. Specification Sequence Listing on:<div style="margin-left: 20px;"><div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> paper</div></div></div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ACCOMPANYING APPLICATIONS PARTS</div> <div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other:</div> | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Divisional</div><div><input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No: _____ /</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Prior application information: Examiner _____</div><div>Group / Art Unit: _____</div></div> <p style="font-size: small; margin-top: 5px;">For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> | | | |
| 17. CORRESPONDENCE ADDRESS | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label | | or <input checked="" type="checkbox"/> Correspondence address below | |
| | | <i>(Insert Customer No. or Attach bar code label here)</i> | |
| Name | Michael B. McNeil | | |
| | Luell & McNeil Attorneys PC | | |
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| | | Fax | 812-333-3173 |
| Name (Print/Type) | Michael B. McNeil | Registration No. (Attorney/Agent) | 35,949 |
| Signature | | | Date |
| | | | 7-31-03 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number

Filing Date

First Named Inventor

Tian

Examiner Name

Group / Art Unit

TOTAL AMOUNT OF PAYMENT

(\$ 790

Attorney Docket No.

00-197

METHOD OF PAYMENT (check one)

1. ☒

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

500226

Deposit
Account
Name☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status.
See 37 CFR 1.272. ☒ Payment Enclosed:☒ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|----------------------|-----------------------|----------------------|-----------------------|------------------------|----------|
| 101 | 740 | 201 | 370 | Utility filing fee | 750 |
| 106 | 330 | 206 | 165 | Design filing fee | |
| 107 | 510 | 207 | 255 | Plant filing fee | |
| 108 | 740 | 208 | 370 | Reissue filing fee | |
| 114 | 160 | 214 | 80 | Provisional filing fee | |

SUBTOTAL (1)

750

2. EXTRA CLAIM FEES

| | | | | | | | | |
|--------------------|----|--------|---|---|---|----------------|---|---|
| Total Claims | 20 | -20 ** | = | 0 | X | Fee from below | = | 0 |
| Independent Claims | 3 | -3 ** | = | 0 | X | | = | 0 |
| Multiple Dependent | | | | | X | | = | 0 |

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description |
|----------------------|-----------------------|----------------------|-----------------------|--|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |
| 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Fee Code | Large Entity Fee (\$) | Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-------------|--------------------------------|-------------|--------------------------------|--|----------|
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 400 | 216 | 200 | Extension for reply within second month | |
| 117 | 920 | 217 | 460 | Extension for reply within third month | |
| 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | |
| 128 | 1,960 | 228 | 980 | Extension for reply within fifth month | |
| 119 | 320 | 219 | 160 | Notice of Appeal | |
| 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | |
| 121 | 280 | 221 | 140 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | |
| 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | |
| 143 | 460 | 243 | 230 | Design issue fee | |
| 144 | 620 | 244 | 310 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17 (q) | |
| 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 |
| 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | |
| 169 | 900 | 169 | 900 | Request for expedited examination of a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

40

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Michael B. McNeil

Registration No. Attorney/Agent)

35,949

Telephone

812-333-5355

Signature

Date

7-31-03

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